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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| TO: | Registration S Division of C | | | |
|--|---------------------------------|--|--|---|
| CHRI | ECT: Leo@Bris | tol, LLC | | |
| ооы | ECT, | Name of Florida | Limited Liability Company | |
| Limite | | | re(s) are submitted to c Business Entity" in ac | |
| Please | return all corre | espondence concernin | g this matter to: | |
| Osvald | lo F. Torres | | | |
| | | Contact Person | | |
| Тогтеѕ | Law, P.A. | | | |
| | | Firm/Company | <u> </u> | |
| 888 So | outheast Third Ave | nue, Suite 400 | | |
| | | Address | <u> </u> | |
| Fort La | auderdale, Florida | 33316 | | |
| | C | ity, State and Zip Code | | |
| | Ptorreslaw.net | | | |
| E | -mail address: (to | be used for future annual r | eport notification) | |
| For fu | irther informatio | on concerning this ma | tter, please call: | |
| Osvaldo F. Torres | | | at (⁷⁵⁴) <u>300-</u> | 5815 |
| N | lame of Contact Pe | rson | Area Code and Day | time Telephone Number |
| Enclo | sed is a check f | or the following amou | nt: | |
| ■ \$2 5 | i.00 Filing Fee | \$30.00 Filing Fee and Certificate of Status | \$55.00 Filing Fee and Certified Copy | \$60.00 Filing Fee, Certified Copy, and Certificate of Status |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

CR2E106 (05/17)

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

| Leo@Bristol, LLC |
|---|
| Enter Name of Florida Limited Liability Company |
| 2. The name of the "Converted or Other Business Entity" is: |
| Leo@Bristol, LLC |
| Enter Name of "Converted or Other Business Entity" |
| 3. The "Converted or Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law business trust, etc.) |
| organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the count The formation document is attached (if applicable). |
| 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S. |
| 5. This conversion shall be effective in Florida on: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.") |

will not be listed as the document's effective date on the Department of State's records.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

| Street Address: | Torres Law, P.A.; 888 Southeast Third Avenue, Suite 400 | | | |
|---|---|--|--|--|
| | Fort Lauderdale, Florida 33316 | | | |
| Mailing Address: | Torres Law, P.A.; 888 Southeast Third Avenue, Suite 400 | | | |
| | Fort Lauderdale, Florida 33316 | | | |
| 7. The "Converted of appraisal rights the and 605.1061-60 | Other Business Entity" has agreed to pay any members having amount to which such members are entitled under ss. 605.1006 1072, F.S. | | | |
| Signed this 30th | day of hay 2024 | | | |
| Signature: | Must be signed by a Member or Authorized Representative | | | |
| Printed Name: Step | n L. Vecchitto President of Leo@Bristol CP, Inc., its Manage | | | |
| Fees: Filing Fee: Certified Co Certificate o | | | | |

Page 2 of 2